



## Chillicothe MO Police Department Request for Information

Please fax or email this form to [contactus@chillimopd.org](mailto:contactus@chillimopd.org)

### REQUESTOR'S INFORMATION

Date Requested: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Proof of Identification: \_\_\_\_\_

### INQUIRY DETAILS

☐

Traffic Record Only

☐

Criminal History (with traffic) Police

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Report # \_\_\_\_\_

☐

Incident at (location): \_\_\_\_\_

Date (range): \_\_\_\_\_

☐

Other: \_\_\_\_\_

***\*\*Information will be disseminated according to Missouri Sunshine Laws (Chapter 610, Revised Statutes of Missouri). Some information may not be available to the public.***

Signature

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Date Replied: \_\_\_\_\_

Clerk: \_\_\_\_\_

Fee/Collected: \_\_\_\_\_

Comments: \_\_\_\_\_